**Regal Animal Hospital Boarding Agreement Form**

**CLIENT INFORMATION:**

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| Owner’s name:  |
| Contact phone number(s):  |
| Agent’s name (if someone other than owner will be picking pet(s) up): |
| Agent’s phone number(s):  |

**PET INFORMATION:**

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| Pet’s name: |
| Check-in date :  | Check-out date: |
| \*\*Anticipated pick-up time:  |

\*\*Please note that if your pet is picked up after 2PM, an additional charge (1/2 day) will be added to the invoice.

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| Initial: \_\_\_\_\_\_\_ ALL PETS ADMITTED MUST BE CURRENT ON THEIR PHYSICAL EXAM AND VACCINATIONS. If your pet is past due, your pet will be examined and given the necessary vaccinations (or tests, if indicated) upon admission, and current clinic charges will be applied to the invoice. If an exam and vaccines were performed at another clinic, written proof of vaccinations or verification with the pet’s veterinarian.Initial: \_\_\_\_\_\_\_ PETS MUST BE FREE OF EXTERNAL PARASITES. Any pet found to have evidence of parasites will be treated at the owner’s expense. Initial: \_\_\_\_\_\_\_ I would like my pet bathed for an additional charge before he/she goes home. Price is determined by pet’s current weight.  |

\*\*PLEASE BRING ALL MEDICATIONS IN THEIR ORIGINAL CONTAINERS. IF MEDICATIONS ARE NOT PROVIDED, THEY WILL BE CHARGED AT THE CURRENT RATE.

**PLEASE LIST ANY/ALL MEDICATIONS BELOW, THEIR DOSAGE AND INSTRUCTIONS:**

**\*\*Please note that medication administration will add an additional charge.**

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| --- | --- | --- | --- |
| Medication name: | Dosage Amount: | Dosage Instructions: | **TIME LAST GIVEN:** |
|  |  |  |  |
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**Special instructions (please initial each line that applies):**

Unless otherwise specified, your pet will be fed Hill’s i/d Science diet dry food. If your pet has other dietary needs, please provide the food or allow us to provide it at current charges.

\_\_\_\_\_\_ I have special dietary instructions for my pet. Please specify (amount and frequency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*When was pet last fed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM

\_\_\_\_\_\_ I am leaving personal belongings with my pet. Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Regal Animal Hospital is not responsible for damaged or destroyed toys, bedding, or other personal items. You are accepting the risk of your pet ingesting these items, which can lead to serious medical illness.

**Regarding the treatment of my pet during his/her stay if owner or owner’s agent cannot be reached (including any scheduled elective procedures during the stay):**

1. Treat my pet(s) as you feel is medically necessary if no one can be reached. Do all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet(s). I accept full financial responsibility for all charges related to the treatment of my pet(s).

Initial: \_\_\_\_\_

1. Delay treating my pet until myself or my pet’s agent can be reached. I understand if no one can be reached within a reasonable amount of time given my pet’s medical issue, reasonable treatment measures will be initiated so that my pet doesn’t endure any unnecessary suffering (in rare circumstances could be inclusive of humane euthanasia). If you wish to discuss any unexpected medical care (including during scheduled elective procedures) prior to pursuit, PLEASE make sure you provide necessary contact information.

Initial: \_\_\_\_\_

 **Authorized Agent (if applicable):** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By electing an authorized agent for my pet, I give the individual full authorization to make decisions about the treatment of my pet and I accept full financial responsibility for the treatment

Regal Animal Hospital has the right to add an additional handling charge on the invoice, per day, if the pet is deemed aggressive/dangerous to the staff and requires special handling. The pet may also not be accepted for future boarding reservations if we’re unable to handle in a safe manner.

Any pet not claimed after 7 days of pick-up-date without new provisions being made, will be considered abandoned and becomes the property of Regal Animal Hospital. The animal will be handled according to our best judgement.

I have read and understand/agree to everything included in this form.

**Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**